



1Fw/3739

PTO/SB/21 (04-07)  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

Application Number	10/583,292
Filing Date	June 16, 2006
First Named Inventor	John M. Levey
Art Unit	3739
Examiner Name	
Attorney Docket Number	7043-A-01

### ENCLOSURES (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
|--|---|---|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cahill, von Hellens & Glazer P.L.C.		
Signature			
Printed name	Marvin A. Glazer		
Date	September 4, 2007	Reg. No.	28,801

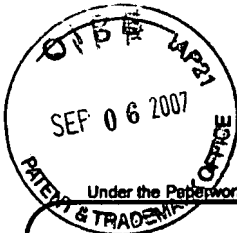
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Signature			
Typed or printed name	Marvin A. Glazer	Date	September 4, 2007

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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/583,292
Filing Date	June 16, 2006
First Named Inventor	John M. Levey
Title	Endoscope Lubricating and.....
Art Unit	3739
Examiner Name	
Attorney Docket Number	7043-A-01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
William C. Cahill	19,742
C. Robert von Hellens	25,714
Marvin A. Glazer	28,801
Matthew L. Bycer	57,820

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cahill, von Hellens & Glazer P.L.C.				
Address	155 Park One 2141 E. Highland Avenue				
City	Phoenix	State	Arizona	Zip	85016
Country	USA				
Telephone	602-958-7000	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Jennifer Dziczek</i>	Date	8-30-07
Name	Jennifer Dziczek	Telephone	508-869-2191
Title and Company	Vice President DL Medical, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (01-08)

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/583,292
Filing Date	June 16, 2006
First Named Inventor	John M. Levey
Title	Endoscope Lubricating and.....
Art Unit	3739
Examiner Name	
Attorney Docket Number	7043-A-01

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Name	Registration Number
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Matthew L. Bycer	57,820

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cahill, von Hellens & Glazer P.L.C.		
Address	155 Park One 2141 E. Highland Avenue		
City	Phoenix	State	Arizona Zip 85016
Country	USA		
Telephone	602-956-7000	Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/30/17
Name	John M. Levey	Telephone	508 830-2700
Title and Company	DL Medical LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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